NATIONAL FLOOD INSURANCE PROGRAM

## **ELEVATION CERTIFICATE**

O.M.B. No. 3087-0077 Expires July 31, 2002

Important: Read the instructions on pages 1 - 7.				
SECTION A - PROPERTY OWNER INFORMATION	For Insurance Company Use			
BUILDING OWNER'S NAME Bill Pede Construction	Poscy Number war and many war			
BUILDING STREET ADDRESS (Including Apt., Unit., Sulte, apolor Bldg. No.) OR P.O. ROUTE AND BOX NO.	Company NAIC Number a			
CITY Contral Point STATE OR	ZIP CODE 9750 Z			
PROPERTY DESCRIPTION (Lot and Block Inventoers, Tax Parcel Number, Legal Description, etc.)				
BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use Comments section if necessary.)				
LATITUDE LONGITUDE (OPTIONAL) HORIZONTAL DATUM: SOURCE: GPS (Type): USGS Quad Map	Other;			
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION				
B1. NFIP COMMUNITY NAME & COMMUNITY NUMBER B2. COUNTY NAME  Tackson County 415589 Tackson County B	3. STATE OR			
B4. MAP AND PANEL B5. SUFFIX B6, FIRM INDEX B7. FIRM PANEL B8. FLOOD DATE DATE CONE(S)  4 (55890407)  4 (-1-87)  4 (-87)	B9. BASE FLOOD ELEVATION(S) (Zone AO, use depth of fooding)			
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9.      FIS Profile   X FIRM     Community Determined   Other (Describe):				
B11. Indicate the elevation datum used for the BFE in B9: V NGVD 1929 NAVD 1988 Other (Des	scribe):			
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area				
Designation Date:				
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRE	(D)			
1. Building elevations are based on: L_Construction Drawings* L_Building Under Construction*  *A new Elevation Certificate will be required when construction of the building is complete.	Finished Construction			
C2 Building Diagram Number (Select the building diagram most similar to the building for which this ca	ertificate is being completed - see			
pages 6 and 7. If no diagram accurately represents the building, provide a sketch or photograph.)	-,			
C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-	A30, AR/AH, AR/AO			
Complete Items C3s-I below according to the building diagram specified in Item C2. State the datum use				
the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measure				
calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to Datum 1979. Conversion/Comments 2000	document the datum conversion.			
Elevation reference mark used PM-I Does the elevation reference mark used appear	on the FIRM?   Yes   No			
a) Top of bottom floor (including basement or enclosure) 1259	REGISTERED			
b) Top of next higher floor 7.61 9 ft.(m) 12	PROFESSIONAL			
C) Bottom of lowest horizontal structural member (V zones only)	LAND SURVEYOR			
☐ d) Attached garage (top of slab)	7/ -17			
C. 6) Fowest eleksing on residents element admitted to	/mgat			
servicing the building 126 2 ft.(m) 2 f	OREGON			
D g) Highest adjacent grade (HAG)	AAY 24, 1985 HERBERT A. FARBER			
D h) No. of permanent openings (flood vents) within 1 ft. above adjacent grade 25	ZPPP			
,	ENEWAL DATE 12-31-200			
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION	N			
This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information.				
I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret				
I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Sect.  CERTIFIER'S NAME  LICENSE NUMBER  LICENSE NUMBER				
TITLE Dresident COMPANY NAME France	S0/8 (NC			
ADDRESS 120 Mighle to CITY Meditoral STATE C	3 R 21P CODE 9750 1			
SIGNATURE DATE 17-18-01 TELEPHON	E 541-776-0844			

	copy the corresponding information			tor loaurance Company Use minutes
525 () and	ding Apt. Unit, Suite, and/or Bldg. No.) OR	F.U. ROUTE AND BUX NO	U.	Paley Number
CITY	STATE A	1	ZIP CODE	Company NAIC Number
		··- 4/5	02	מתייוו ומשיל עוים כי חיים איים יותרבים בי ענים עם ביותי
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION (CONTINUED)				
Copy both sides of this Elevation Certificate for (1) community official, (2) insurance agent/company, and (3) building owner.				
COMMENTS	,y	-0-16-01144	,, (*)	
				Check here if attachments
	VATION INFORMATION (SURVEY NO			
For Zone AO and Zone A (without I information for a LOMA or LOMR-F	BFE), complete Items E1 through E3. If, Section C must be completed.	ı me cieyation Certifica	ae is intende	v ior use as supporting
E1. Building Diagram Number	(Select the building diagram most sir	nitar to the building for v	which this ca	ertificate is being completed -
see pages 6 and 7. If no diagra	am accurately represents the building, j	provide a sketch or phot	ntograph.)	-
E2. The top of the bottom floor (incl (check one) the highest adjaces	luding basement or enclosure) of the bi nt grade.	unding isft_(r	m) <u> </u>	(crn) Labove or Labelow
E3. For Zone AO only: If no flood d	lepth number is available, is the top of t			
ficodplain management ordinar	nce? Yes No Unknown	<ol> <li>The local official mus</li> </ol>	st certify this	Information in Section G.
	F - PROPERTY OWNER (OR OWNE			
The property owner or owner's aut community-issued BFE) or Zone A	thorized representative who completes O must sign here.	Sections A, B, and E fo	я ∠one A (w ˈ	jujout a rEMA-issued or
PROPERTY OWNER'S OR OWNER'S	AUTHORIZED REPRESENTATIVE'S NAM	Æ		
ADDRESS	CIT	Y	STATE	ZIP CODE
SIGNATURE	DAT	Ė -	TELEPHO	NE
COMMENTS				
		•	1	Check here if attachments
,	SECTION G - COMMUNITY INF	ORMATION (OPTION)	AL)	Oneow Hote it ahadittienig
The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A. B. C (or E), and G of this Elevation Certificate. Complete the applicable Item(s) and sign below.  G1. [1] The Information in Section C was taken from other documentation that has been eigned and embossed by a licensed surveyor, engineer, or architect who is authorized by state or local law to certify elevation information. (Indicate the source and date of the				
elevation data in the Comments area below.)				
G2. L. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.				
/	tems G4-G9) is provided for community	r floodplain managemer	nt purposes.	
GA PERMIT NUMBER BOI- 04/6	G5. DATE PERMIT ISSUED			COMPLIANCE/OCCUPANCY
G7. This permit has been issued for	New Construction Subs	tantial Improvement	<del>/ / - / -</del>	A
	r (including basement) of the building is		**************************************	(In) Datum:
G9. BFE or (in Zone AO) depth of flo	ooding at the building site is:	_/25	<u>z</u>	cft.(m) Datum:
LOCAL OFFICIAL'S NAME Matt	Sanitore		mani	ty Planner
community name Centr	al Point	TELEPHONE (S	41)669	7-3321, 291
SIGNATURE OM	cutsamitae	DATE 1/2/0	07	
COMMENTS TOPOS MEXT.	History or inha	Sited Jinished	J 1100	CB 126/19
		٧.	<u> </u>	
	an man of the contract of the		<u>_</u>	Check here if attachments
			<del></del>	